



03500.010530.5

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: G. Fourson, III
KIYOFUMI SAKAGUCHI, ET AL.)	
	:	Group Art Unit: 2823
Application No.: 10/085,046)	
	:	
Filed: March 1, 2002)	
	:	
For: PROCESS FOR PRODUCTION OF)	
SEMICONDUCTOR SUBSTRATE	:	
)	
	:	October 17, 2003

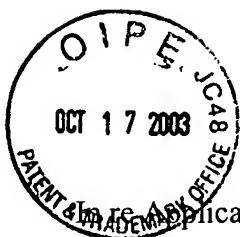
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO ELECTION OF SPECIES REQUIREMENT

Sir:

Introductory Comments

In response to the September 17, 2003 Official Action, reconsideration of
the subject application is earnestly solicited in view of the following remarks.



2823
Image
✓

Application of:

Docket No. 03500.010530.5

KIYOFUMI SAKAGUCHI, ET AL.

Examiner: G. Fourson, III

Appln. No.: 10/085,046

Group Art Unit: 2823

Filed: March 1, 2002

For: PROCESS FOR PRODUCTION OF
SEMICONDUCTOR SUBSTRATE

Date: October 17, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to Election of Species Requirement in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	96	MINUS	96	0	x \$ 9 \$18	\$ 0.00
INDEP. CLAIMS	33	MINUS	33	0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the Extension fee for response within _____ months is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 37,838

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